Cassender complète this section Docu	COMPLETE THIS SECTION ON DELIVERY 08 Page 1 of 1
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:	D. Is delivery address different from item 1?   If YES, enter delivery address below:   No
HARVEY DENNIS 6 ROSEWOOD DRIVE WILLIAMSVILLE, NY 14221	3. Service Type  Di Certified Mail  Express Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
2. Article Number (Transfer from service label) 7008 0150	0002 8065 2888
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540